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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: July 23, 2007
Pages: 14 pages (including this cover sheet)

MESSAGE:

METHOD OF MODELING SINGLE-ENROLLMENT CLASSES
IN VERIFICATION AND IDENTIFICATION TASKS

Application No. 10/611,336
Examiner James S. Wozniak
Art Unit 2626

Amendment Transmittal
Petition and Fee for Extension of Time
Completed Credit Card Payment Form
Amendment

YOR920030043US1
(590.105)

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Atty. Docket No. YOR920030043US1
(590.105)FERENCE & ASSOCIATES LLC
Amendment Transmittal

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Chaudhari et al.
Serial No. : 10/611,336 Examiner : James S. Wozniak
Filed : June 30, 2003 Group Art Unit : 2626
For : METHOD OF MODELING SINGLE-ENROLLMENT CLASSES IN
VERIFICATION AND IDENTIFICATION TASKS

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

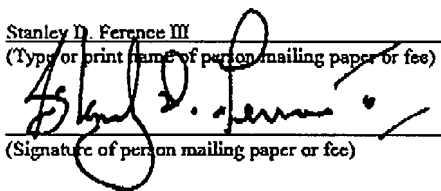
1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9306 on July 23, 2007 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. FERENCE III

(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

Page 1 of 2

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(590.105)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)		SMALL ENTITY			OTHER THAN A SMALL ENTITY	
					RATE	FEE		RATE	FEE
Total	17	** 20	= *	x	\$25	-	O	x	\$50
Claims							R		
Ind.	3	*** 3	= *	x	\$100	-	O	x	\$200
Claims							R		
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$180	=	O	+	\$360
							R		
					TOTAL	= \$	O	TOTAL	= \$
							R		

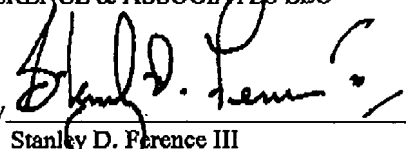
- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
 *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By


Stanley D. Ference III
Reg. No. 55,879

Dated: July 23, 2007

Mailing Address:

Customer No. 47049
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